



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|----------------|
| | | Application Number | 10/617,345 |
| | | Filing Date | 07/09/2003 |
| | | First Named Inventor | Davis |
| | | Group Art Unit | 3676 |
| | | Examiner Name | Gall, Lloyd A. |
| Total Number of Pages in this Submission | 5 | Attorney Docket Number | TAL:0537.0120 |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> Fee transmittal form | <input checked="" type="checkbox"/> Drawing(s) (2 sheets) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee attached | <input type="checkbox"/> Licensing Related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosures (identify below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of Cd(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks: Other enclosures: 1. Return Receipt Postcard | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

| | |
|-------------------------|--|
| Firm or Individual Name | Chernoff, Vilhauer, McClung & Stenzel L.L.P. |
| Signature | |
| Date | October 18, 2004 |

CERTIFICATE OF TRANSMISSION/ MAILING

I hereby certify that, on the date shown below, this correspondence is being :

facsimile transmitted to the USPTO or
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|--------------------|-----------------|------|------------------|
| Type or print name | Timothy A. Long | | |
| Signature | | Date | October 18, 2004 |